Gap Analysis of Maternal and Newborn Healthcare Services at Level 2 and Level 3 Delivery Points at District Alirajpur, MP

By

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Internship Training

At

National Health Mission, MP

"Gap Analysis of Maternal and Newborn Healthcare Services at Level 2 and Level 3 Delivery Points at District Alirajpur, MP"

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MBA HEALTHCARE MANAGEMENT

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Under the guidance of

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
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TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr. Lovina Mulchandani** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **National Health Mission, MP** from **08/02/2016 to 08/05/2016**.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

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The certificate is awarded to

Dr. Lovina Mulchandani

In recognition of having successfully completed her

Internship in the department of

National Health Mission – Madhya Pradesh

And has successfully completed her Project on

"Gap Analysis of Maternal and Newborn Healthcare Services at Level 2 and Level 3 Delivery Points at District Alirajpur, MP"

She comes across as a committed, sincere & diligent person who has a

Strong drive & zeal for learning

We wish her all the best for future endeavors.

Dr. P Nanaware

CMHO,

Alirajpur District.

for C. M. & H. O.
ALIRAJPUR

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Gap Analysis of Maternal and Newborn Healthcare Services at Level 2 and Level 3 Delivery Points at District Alirajpur, MP** and submitted by Dr. Lovina Mulchandani under the supervision of Dr. Monika Choudhary for award of Postgraduate Diploma in Hospital and Health/ Pharmaceutical / Rural Management of the University carried out during the period from 08/02/2016 to08/05/2016 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature

Acknowledgement

The success of any task requires blessings and efforts of numerous individuals and this project is no exception. Hereby, I take this opportunity to express my deep sense of gratitude to all those who have helped me directly or indirectly in completion of my summer training.

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Abbreviations:

ANM	Auxiliary Nurse Midwife
BEmOC	Basic Emergency Obstetric Care
BSU	Blood Storage Unit
CEmOC	Comprehensive Emergency Obstetric Care
CH	Child Health
CHC	Community Health Centre
CMHO	Chief Medical and Health Officer
CS	Civil Surgeon
DDK	Disposable Delivery Kit
DH	District Hospital
DP	Delivery Point
EmOC	Emergency Obstetric Care
EVA	Electric Vacuum Aspiration
FIMNCI	Facility Based Integrated Management of Neonatal and Childhood Illnesses
FRU	First Referral Unit
HR	Human Resource
IUCD	Intra Uterine Contraceptive Device
L1,L2,L3	Level 1,Level 2, Level 3
LR	Labour Room
LSAS	Life Saving Anesthesia Skills
LSCS	Lower Segment Caesarian Section
LT	Lab Technician
MCH	Maternal and Child Health
MO	Medical Officer
MVA	Manual Vacuum Aspiration
NBCC	New Born Care Corner
NBSU	New born Stabilization Unit
Ob/Gyn/OBG	Obstetrician and Gynecologists
PPIUCD	Post Partum intra uterine contraceptive device
PPH	Post Partum Haemorrhage
RTI/STI	Reproductive Tract Infection/ Sexually Transmitted Infection
SBA	Skilled Birth Attendant
SN	Staff Nurse

Abstract

Title: Gap Analysis of Maternal and Newborn Healthcare Services at Level 2 and Level 3 Delivery Points at District Alirajpur, MP.

Background

Pregnancy and motherhood are natural processes in the lives of women of reproductive age. It is observed that the highest proportion of maternal and newborn deaths takes place during and immediately after childbirth which can be preventable through appropriate care of mothers during and after labour and appropriate care of the newborns immediately after birth. This points out to the need for improving the quality of practices in the labour room.

This study is an attempt to identify the gaps in service delivery at L2 and L3 delivery points of Alirajpur district so that suggestions can be made according to the operational guidelines of MCH and quality of care can be improved.

Rationale

To improve the quality of care it is necessary to analyse the gaps in functioning of the delivery points for strengthening their services, to provide comprehensive maternal health services.

Objectives

To assess the availability of required Infrastructure and basic facilities for effective functioning of the labour room, availability of Human Resource (HR) against the sanctioned strength of the institution and their training status, availability of essential medicines, functional equipments and instruments in the labour room for qualitative service delivery and the adherence to infection prevention practices in the labour room.

Methodology

Descriptive Cross-sectional study was done inAlirajpur District of Indian state Madhya Pradesh. Study duration was three months. The sample was collected from all the identified L3 and L2 delivery points of Alirajpur district. (Two level 3 and fifteen level 2).Primary data was collected through observation of the identified facilities and interview of all the respondents. Secondary data was collected from registers and facility records with the help of preformed standardized checklists.

Observation and Discussion:

L3 Delivery Points:

- It was observed that both the delivery points were functioning in government building with 24*7 water supply and functional power back up. Separate toilets were available for males and females with poor cleanliness and hygiene. Only 50 percent of the labour tables were covered with mackintosh sheet and cleanliness was poor.
- There were only two gynecologists and one anesthetist available at the two facilities; none of the Medical Officers in both the delivery points were CEmOC trained.
- Basic equipments like Thermometer and Partograph charts were not available in 50% of the facilities.Equipments like Artery forceps, sponge holding forceps and episiotomy scissors were rusted in 50 percent of the facilities.
- Essential Medicines like Tab. Misoprostol and Nevirapine syrup were not available in 50 percent of the delivery points.Biomedical waste segregation in colour coded bins and use of autoclave for sterilization of instruments was done in only 50 percent of the facilities.

L2 Delivery Points:

- It was observed that all the delivery points were functioning in government building. Only 40 percent of the facilities had functional power backup and clean separate toilets for men and women.New born care corners were available in 33 percent of the facilities. Separate labour room was available in all the facilities but elbow operated taps were available only in 33 percent of the facilities. 24*7 piped water supply was available in only 67 percent of the facilities.
- It was observed that only 34percent of the delivery points had available Medical officers and Paramedical staff according to delivery load.
- It was observed that basic equipments like Thermometer, Partograph, Disposable delivery kits and Oxygen Cylinders were available in 60 percent,47 percent and 66 percent of the facilities respectively. Only 46 percent of the facilities applied Biomedical waste segregation in colour coded bin.Autoclave for sterilization and soap for hand washing was available at 60 percent of the facilities.Slippers for service providers were available at 33 percent of the labourrooms.Only 13 percent of the labour rooms were sterilized on a regular basis.

Conclusion

It has been identified that there is a huge gap in availability of manpower and also in adherence to infection prevention practices at the labour rooms. Hence there is need to address the gaps.

Introduction

Pregnancy and motherhood are natural processes in the lives of women of reproductive age. These processes are generally considered to be positive and fulfilling experiences. However, it is unfortunate that for various reasons, many women end up dying as a result of these processes.

Maternal mortality and infant mortality are sensitive indicators which show evidence for describing the health care system of a country and also indicate the prevailing socio-economic scenario. These major health indicators of Madhya Pradesh are far behind the national targets. As per 2013 SRS (sample registration survey) report Maternal Mortality Rate of Madhya Pradesh is 221 and Infant Mortality Rate is 54 which are very high as compared to national targets.

Improving maternal health and reducing maternal mortality are accepted as human rights challenges and prioritized in several international declarations and national policies. However, progress in achieving these objectives still remains poor.

It is observed that the highest proportion of maternal and newborn deaths takes place during and immediately after childbirth which can be preventable through appropriate care of mothers during and after labour and appropriate care of the newborns immediately after birth. This points out to the need for improving the quality of practices in the labour room.

An important component under NRHM is strengthening of rural health infrastructure including physical infrastructure and buildings, manpower and other facilities, the government is focusing on providing universal access to skilled attendance at birth, increasing institutional deliveries, strengthening the emergency obstetric care (EmOC) services, improving access to EmOC services through a public-private partnership (PPP), increasing access to early and safe abortion services and strengthening referral systems as main strategies under the NRHM. Selected health facilities have been identified and strengthened by providing resources in a focused manner for filling the gaps of trained and skilled human resources, infrastructure, equipment, drugs and supplies and for providing quality and comprehensive reproductive, maternal, neonatal and child health (RMNCH) services.

In order to improve maternal and newborn health services NHM under *Operational guidelines on Maternal & Newborn Health , GoI, MoHFW 2010* has classified MCH centre's based on level of care provided as mentioned below.

MCH centre's by level of care:

Public Health facilities like the District Hospital (DH)/Sub-district Hospital (SDH)/Community Health Centre (CHC)/Primary Health Centre (PHC)/and Sub-district Health Centre (SHC) are categorized depending on the levels (1, 2 and 3) of maternal and child health care and service delivery. Among these levels, some have been categorized as delivery points based on their performance and case load.

Level 3 – (Comprehensive Level-FRU): All FRU-CHC/SDH/DH/area hospitals/referral hospitals/tertiary hospitals where complications are managed including C-section and blood transfusion. Such an FRU would be equipped also with a Newborn Stabilization Unit (NBSU) at

CHC/SDH/others or Special Newborn Care Unit (SNCU) at DH and above. A District Hospital irrespective of caseload has to be a Level 3 institution.

Level 2 – (Basic Level): All 24 x 7 facilities (PHC/Non-FRU CHC/others) which are providing BEmOC services; conducting deliveries and management of medical complications not requiring surgery or blood transfusion and have either a NBCC or NBSU.

Level 1 – All sub-centre's and some PHCs which have not yet reached the next level of 24 x 7 PHC, deliveries are conducted by a skilled-birth attendant (SBA). An NBCC must be established in all such facilities.

According to Government of India (GoI) mandate, these functional facilities should be the first to be strengthened for providing comprehensive reproductive maternal newborn and child health (RMNCH) services.

This study is an attempt to identify the gaps in service delivery at L2 and L3 delivery points of Alirajpur district so that suggestions can be made according to the operational guidelines of MCH and quality of care can be improved.

Literature Review

A program based on managing third stage of labour reported that most deaths occur in developing countries where women may receive inappropriate care during labour, delivery or during the postpartum period. [1]

According to the special survey of deaths conducted by the Registrar General of India (RGI), the major cause of maternal deaths in India in 2001–03 was haemorrhage (38%), which was

followed by other conditions (33%). Other causes of maternal deaths were sepsis (11%), abortion (8%), hypertensive disorders (5%) and obstructed labour (5%). [2]

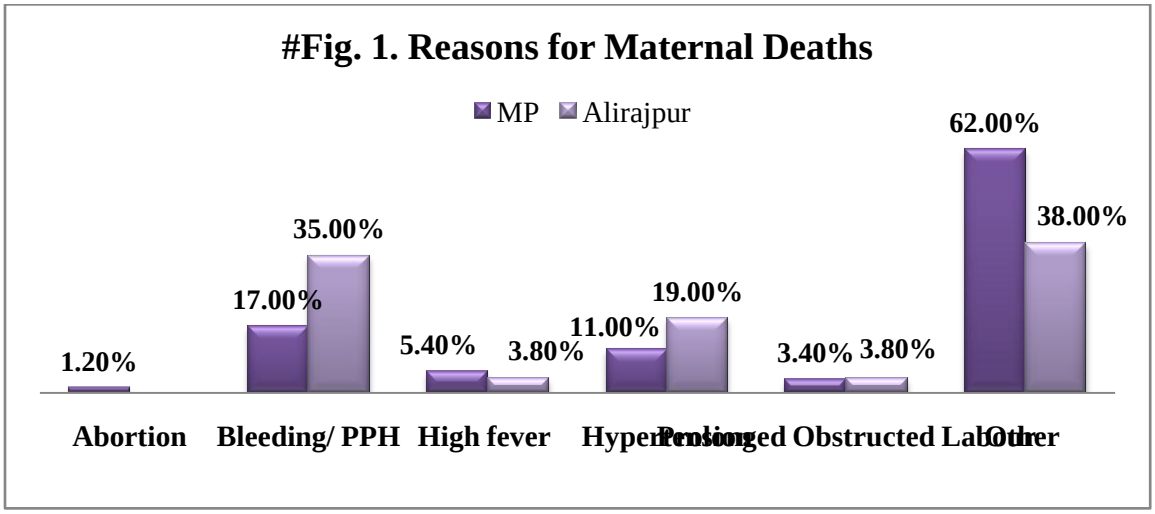
Research has shown that using the partograph can be highly effective in reducing maternal complications caused by prolonged labour such as postpartum haemorrhage, sepsis, uterine rupture and infant complications such as anoxia, infections, and death. The use of a partograph has also shown to reduce the need for operative interventions. [3]

A based on predictors of maternal death revealed that postpartum haemorrhage was the chief cause of maternal death and alone accounted for one fourth of the total maternal deaths and it can be prevented by appropriate management during labour. [4]

Rationale

The public institution deliveries have increased from 18.4 % (NFHS 3) to 69.5% (NFHS 4) in ten years, but the reduction in MMR is only 114 points from 2004 to 2013 in Madhya Pradesh according to SRS data. The state specific goal of MP is reduction of Maternal Mortality Ratio 15% by 2017 (33 points).

This shows that there is a gap between, service provision according to the operational guidelines of maternal and new born health and actual scenario of labour room services at the delivery points. To achieve this target it is necessary to analyse the gaps in functioning of the delivery points for strengthening their services, to provide comprehensive maternal health services.



*Source: WHO- The Global Burden of Disease:2004 (Update 2008)

Research Question

What are the gaps of Labour room at level 2 and level 3 delivery points?

Objectives

1. To assess the availability of required Infrastructure and basic facilities for effective functioning of the labour room.

2. To assess the Human Resource (HR) available against the sanctioned strength of the institution and their training status.

3. To assess the availability of essential medicines, functional equipments and instruments in the labour room for qualitative service delivery.

4. To assess the adherence to infection prevention practices in the labour room.

Methodology

Study Design: - Descriptive Cross-sectional study.

Study Area: - District Alirajpur, Madhya Pradesh.

Study Duration: - Three months (8^{th} February 2016 to 8^{th} May 2016).

Sample Size: – The sample was collected from all the identified L3 and L2 delivery points of Alirajpur district. (Two level 3 and fifteen level 2). Total 17 delivery points.

Study Participants: - The participants for the following study were Specialists, Medical officers, Staff Nurse and ANM (Auxiliary Nursing Midwives) of the identified level 2 and level 3 delivery points.

Data collection method: - Primary data was collected through observation of the identified facilities and interview of all the respondent. Data was also collected from registers and hospital records.

Data collection tools: - The data was collected with the help of preformed standardized checklists.

Data analysis: Data analysis was done by using MS Excel software. MS 2007 was used for graphical representation and further analysis.

Observations and Discussion:

1. **Infrastructure and Basic Facilities available at L3 and L2 delivery points:**The overall infrastructure of the facility was observed on the following parameters and the results are stated below.

Table 1.Infrastructure and Basic Facilities available at L3 and L2 delivery points				
Infrastructure of health facility	**No of L2 DP's**	**Percentage**	**NO. of L3 DP's**	**Percentage**
Functioning in Government building	15	100	2.0	100.0
Building in good physical condition	15	100	1.0	50.0
Connected by motor able approach road	14	93	2.0	100.0
24 X 7 water supply available	13	86.66	2.0	100.0
Functional electricity connection available	15	100	2.0	100.0
Functional power back up available	6	40	1.0	50.0
Separate clean toilets available for men and women	6	40	1.0	50.0
Other facilities available				
Security guard Available 24*7	2	13.3	1	50.0
Ambulance for transportation of beneficiaries	14	93.3	2	100.0
Internet connectivity for computers	7	46.7	2	100.0
Fire extinguisher	3	20.0	1	50.0

L3 Delivery Points:

- It was observed that all the facilities were functioning in govt. buildings but only 50 percent of the govt. buildings were in good condition.
- Functional blood bank was available in one of the facilities while Blood storage unit was functional in both the facilities.

- Toilets were available separately for men and women in both the facilities but only one facility maintained clean and hygienic toilets.
- Functional power backup and fire extinguisher were available in 50 percent of the facilities.

L2 Delivery Points:

- It was observed that all the facilities were functioning in govt. buildings which were in good condition.
- 24*7 water supply was available in 87 percent of the facilities only.
- Functional power backup and separate clean toilets were available in 40 percent of the facilities only.
- Basic requirement like fire extinguisher was not available in 80 percent of the facilities.

1.1 Labour/delivery facilities available at the delivery points: The following results were obtained when the basic amenities available in the labour room of the facilities were compared with the ideal requirements in the checklist prepared according to MCH guidelines.

Table 2 - Labour/delivery facilities available at the delivery points

Labour/delivery facilities available at the delivery points	NO. Of L2 DP's	Percentage	No of L3 DP's	Percentage
Separate delivery/labour room available	15.0	100.0	2	100.0
Curtains to ensure privacy	6.0	40.0	2	100.0
Display of Duty roasters in maternity ward	3.0	20.0	2	100.0
Installation of Geyser for maternity wing	2.0	13.3	1	50.0
Separate telephone connection for Maternity Wing	6.0	40.0	2	100.0
24 X 7 piped water supply	10.0	66.7	1	50.0
Availability of elbow operated taps	5.0	33.3	2	100.0
Functional electricity powered lamp	7.0	46.7	2	100.0

Functional toilet facility attached to room	13.0	86.7	2	100.0
Functional Wall clock	12.0	80.0	2	100.0
Display of Protocol posters according to MNH toolkit	13.0	86.7	2	100.0
Labour table and Tray corner				
No of Labour tables according to delivery load	4	26.7	2	100.0
Labour table with Mackintosh sheet	10	66.7	2	100.0
Labour table with Kelly's pads	10	66.7	0	0.0
Stepping stool	6	40.0	2	100.0
Delivery Set available	11	73.3	2	100.0
Episiotomy Set Tray available	14	93.3	2	100.0
Baby Tray available	13	86.7	2	100.0
Medicine Tray available	12	80.0	2	100.0
Emergency Drug Tray	12	80.0	2	100.0
PPIUCD Tray	13	86.7	1	50.0
MVA/EVA Tray	6	40.0	2	100.0
Amenities available in the new born corner				
Located in the labour room	5	33.3	1	50.0
Functional radiant warmer	9	60.0	2	100.0
Self-inflating bag and mask (size 0)	13	86.7	2	100.0
Self-inflating bag and mask (size 1)	13	86.7	2	100.0

Mucus extractor with suction tube	15	100.0	2	100.0
Warming lamp with 200W bulb	2	13.3	0	0.0
Newborn digital weighing scale	6	40.0	2	100.0
Nasogastric tube	13	86.7	2	100.0

L3 Delivery Points:

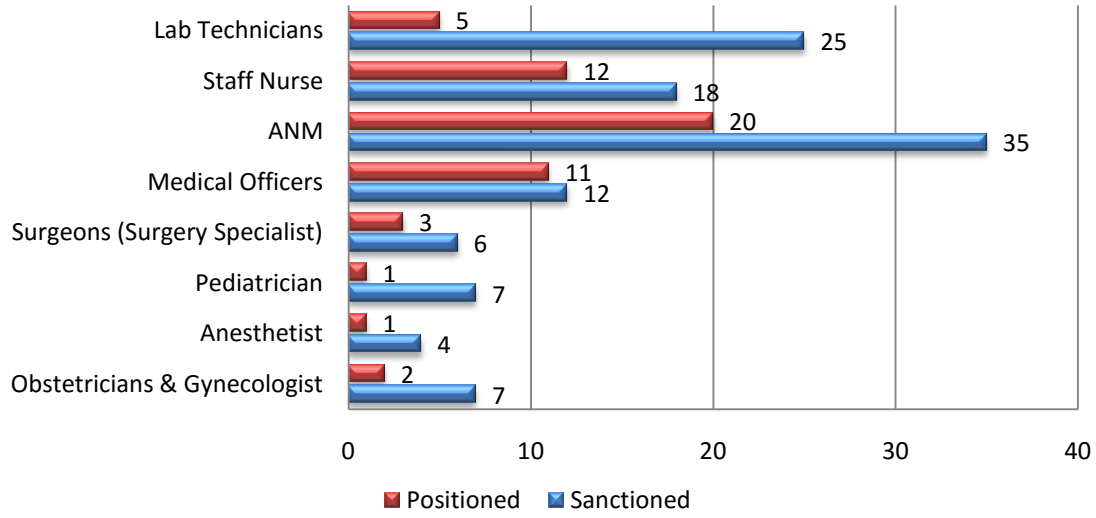
- It was observed that separate labour rooms were available in both the facilities.
- It was observed that 24*7 piped water supply which is a basic necessity in the labour room was available only in 50 percent of the labour rooms.
- Labour tables were available according to delivery load in both the facilities but Kelly's pad was not kept on any of the labour tables in all the facilities.
- PPIUCD tray which is an important component for service delivery was not available at 50 percent of the labour rooms.
- NBCC should be available in the labour room, but only 50 %of the facilities fulfilled the requirement.

L2 Delivery Points:

- It was observed that separate labour room was available in all the facilities.
- 24*7 water supply was available only in 67 percent of the labour rooms while elbow operated taps were available only in 33 percent of the facilities.
- Functional electricity powered lamp was available only in 47 percent of the facilities.
- Labour table was available in all facilities but only 27 percent of the facilities had sufficient labour tables according to delivery load.
- Macintosh sheet and Kelly's pad were placed only on 67 percent of the labour tables while stepping stool was not available with 60 percent of the tables.
- It was observed that only 33 percent of the delivery points placed NBCC in labour room, moreover functional radiant warmer was present only in 60 percent of the facilities.

2. **Human Resource**:The following results were obtained when the availability of HR and training status of HR at delivery point was analyzed according to the MCH guidelines.

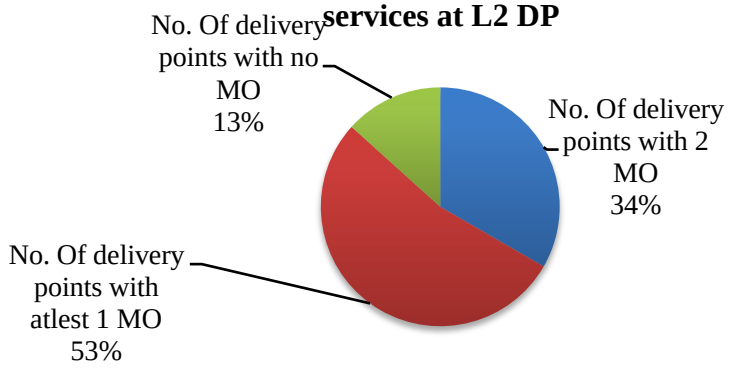
#Fig. 2 Human Resource at L3 DP



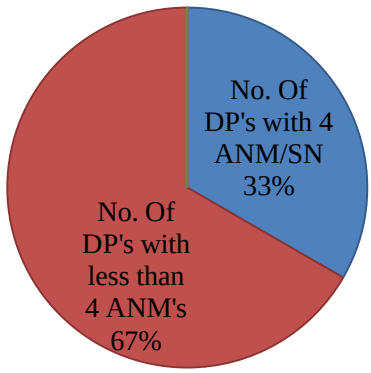
L3 Delivery Points:

- A huge gap was observed in the number of sanctioned and available specialists at L3 facilities. There were only two gynecologists and one anesthetist available at the two facilities.
- Moreover the number of paramedical staff also didn't match the ideal requirement.
- All the SN and ANM's of the facilities were SBA and PPIUCD trained.
- It was observed that none of the Medical Officers in both the delivery points were CEmOC trained.
- Training records of other medical officers were not available in the facilities.

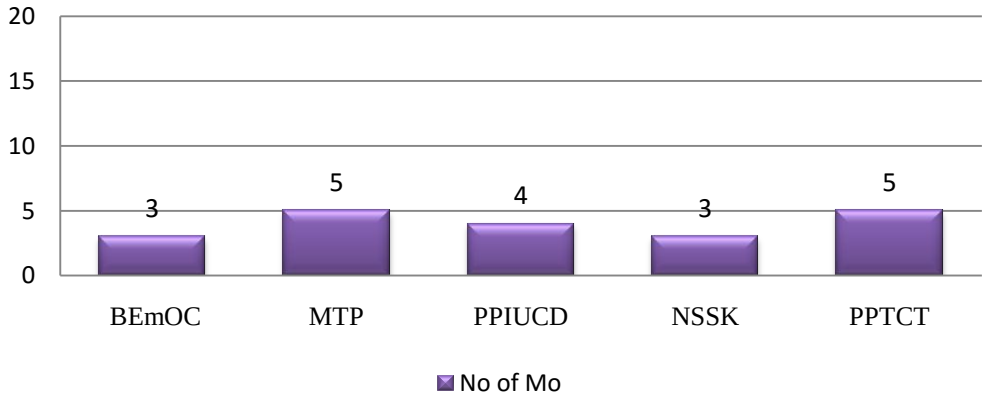
#Fig. 3 Human Resource (MO) involved in labour room services at L2 DP



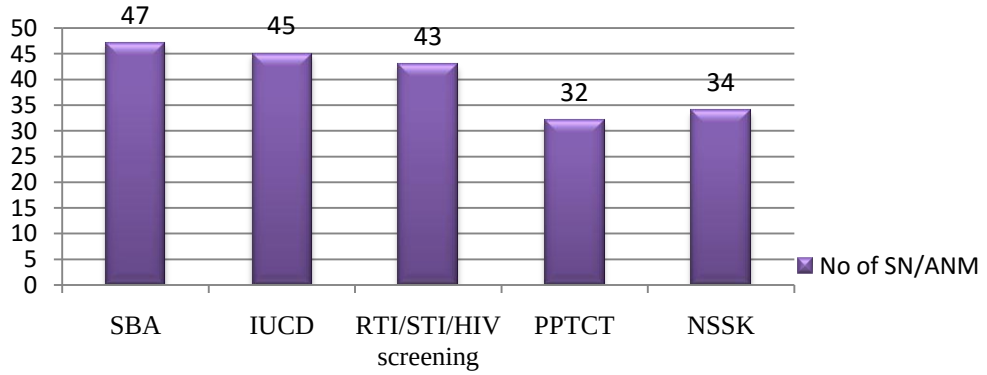
#Fig. 4 Human Resource (ANM/SN) involved in labour room services at L2 DP



#Fig.5 Training Status of MO at L2 DP (n=20)



#Fig.6 Training status of ANM/SN at L2 DP (n=50)



L2 Delivery Points:

- According to MCH guidelines at least two MO and four SN or ANM (SBA trained) should be available at L2 delivery points but when observed it was found that only 34 percent of the facilities had two MO also 13 percent of facilities had no MO positioned while only 33 percent had four ANM or SN available.
- The training status of the MO's available at the delivery points was not up to the mark as only 15 percent were trained in BEmOC, while 94 percent of the staff available at the labour rooms was SBA trained.

3. Essential medicines, functional equipments and instruments in the labour room.

Table 3- Essential medicines, functional equipments and instruments in the labour room

Medicines available in the labour rooms	**No of L2 DP's**	**Percentage**	**NO. Of L3 DP's**	**Percentage**
Injection Oxytocin	8	53.3	2	100.0
Tablet Misoprostol	13	86.7	1	50.0
Injection Magnesium Sulphate	14	93.3	2	100.0
Ringer Lactate	13	86.7	1	50.0
Normal Saline	11	73.3	1	50.0
Injection Gentamycin	11	73.3	2	100.0
Injection Betamethasone	13	86.7	2	100.0
Tablet Metronidazole	11	73.3	2	100.0
Capsule Ampicillin	13	86.7	2	100.0
Vitamin K	15	100.0	2	100.0
Injection Xylocaine 2%	13	86.7	2	100.0
Antiseptic lotion	14	93.3	2	100.0
Tablet Paracetamol	13	86.7	2	100.0
Tablet Ibuprofen	15	100.0	1	50.0
HIV Kits	5	33.3	2	100.0
Nevirapine Syrup and Tablet	7	46.7	1	50.0
Equipment available in the labour rooms				
Artery forceps	15	100.0	2	100.0
Sponge holding forceps	15	100.0	2	100.0
Allis forceps	15	100.0	2	100.0
Toothed forceps	14	93.3	1	50.0

Episiotomy scissor	13	86.7	2	100.0
Oxygen cylinder with regulator	10	66.7	2	100.0
Adult stethoscope	12	80.0	2	100.0
Blood Pressure machine	15	100.0	2	100.0
Colour coded bins	9	60.0	1	50.0
IV Stand	11	73.3	2	100.0
Urinary catheter	15	100.0	2	100.0
Speculum	11	73.3	2	100.0
Thermometer	9	60.0	1	50.0
Lamp /Torch	8	53.3	2	100.0
Partograph charts	9	60.0	1	50.0
Disposable delivery kits	7	46.7	0	0.0

L3Delivery Points:

- Essential Medicines like Tab. Misoprostol and Nevirapine syrup were not available in 50 percent of the delivery points.
- Ringer lactate and Normal Saline were not available in 50 percent of the delivery points.
- Basic equipments like Thermometer and Partograph charts were not available in 50 percent of the facilities.
- Equipments like Artery forceps, sponge holding forceps and episiotomy scissors were rusted in 50 percent of the facilities.
- Disposable delivery kits were not available in any of the facilities.

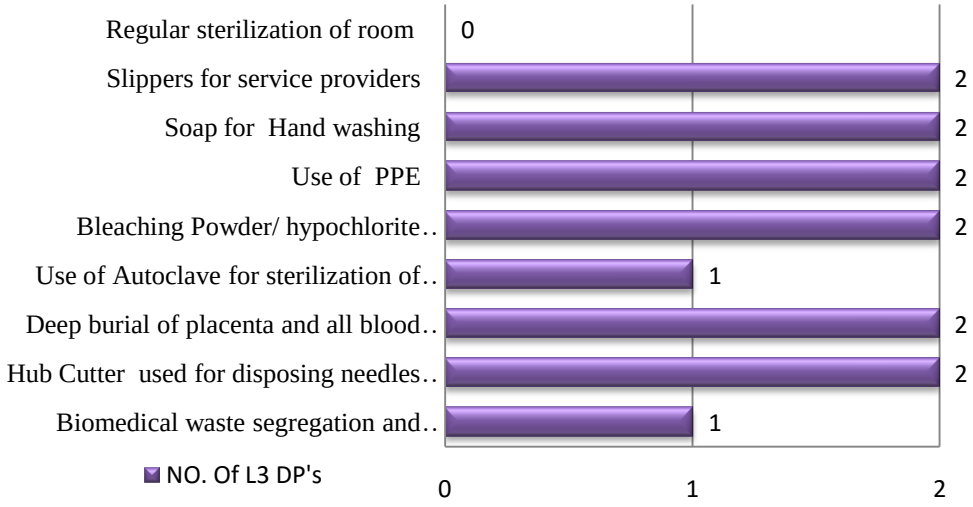
L2 Delivery Points:

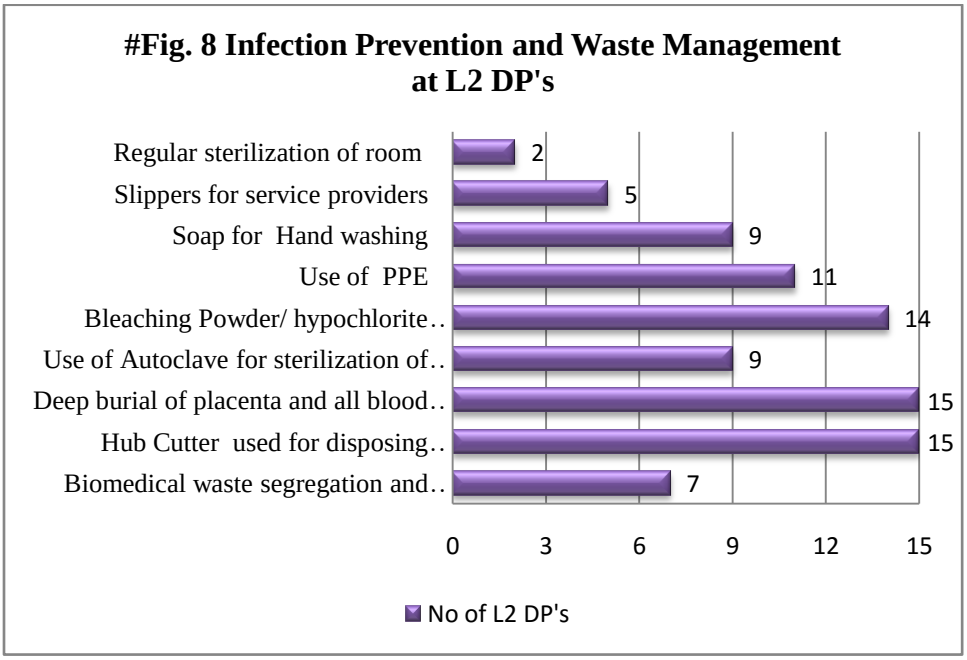
- Inj. Oxytocin which is mandatory according to the guidelines was available only at 53 percent of the labour rooms.
- HIV Kits were available only at 33 percent of the delivery points.
- It was observed that basic equipments like Thermometer, Partograph, Disposable delivery kits and Oxygen Cylinders were available in 60 percent,47 percent and 66 percent of the facilities respectively.
- Colour coded bins were available only at 60 percent of the facilities.

4. **Infection prevention practices in the labour room:**It was observed that the following infection prevention practices were followed in the Labour rooms.

Table 4- Infection prevention practices in the labour room				
Infection Prevention and Waste Management	**No of L2 DP's**	**Percentage**	**NO. Of L3 DP's**	**Percentage**
Biomedical waste segregation and disposal in Colour Coded Bins	7	46.7	1	50.0
Hub Cutter used for disposing needles after use	15	100.0	2	100.0
Deep burial of placenta and all blood and tissue fluid stained	15	100.0	2	100.0
Use of Autoclave for sterilization of instruments	9	60.0	1	50.0
Bleaching Powder/ hypochlorite solutions available and used	14	93.3	2	100.0
Use of PPE	11	73.3	2	100.0
Soap for Hand washing	9	60.0	2	100.0
Slippers for service providers	5	33.3	2	100.0
Regular sterilization of room	2	13.3	0	0.0

#Fig. 7 Infection Prevention and Waste Management at L3 DP's





L3Delivery Points:

- Biomedical waste segregation in colour coded bins and use of autoclave for sterilization of instruments was done in only 50 percent of the facilities.
- There were no signs of regular sterilization of labour rooms in any of the delivery points.

L2 Delivery Points:

- It was observed that only 46 percent of the facilities applied Biomedical waste segregation in colour coded bin.
- Autoclave for sterilization and soap for hand washing was available at 60 percent of the facilities.
- Slippers for service providers were available at 33 percent of the labour rooms.
- Only 13 percent of the labour rooms were sterilized on a regular basis.

Conclusion

This study was designed to analyse the gaps in functioning of the L3 and L2 delivery points for strengthening their services, to provide comprehensive maternal health services at seventeen delivery points of Alirajpur district .It has been identified that there is a huge gap in availability of human resource and also in adherence to infection prevention practices at the labour rooms of the delivery points. The unavailability of some essential drugs and basic functional equipments and amenities make it difficult for the care providers to ensure quality care in labour rooms. Hence there is need to address the gaps.

Suggestions

- Supportive supervision of the staff and regular monitoring of the labour rooms should be done to motivate the staff to maintain hygienic and clean conditions.
- Use of carrot and stick method for the staff responsible for labour room services.
- To maintain proper records of HR training status at each and every delivery point.
- To ensure that the nominated medical and paramedical staff attends the trainings designed for them.
- Monthly meetings of staff in charge of the labour rooms to obtain information regarding non functional equipments and stock out medicines.

References

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Annexure

Checklist for L3 Delivery Point

Date of assessment	**District**
Facility Name	**Name of Block**
Facility Type	**Facility Category**
Facility in Charge	

Physical infrastructure and availability of basic amenities at L3 delivery Points.		
	Observation	Remarks
Infrastructure of health facility		
Functioning in Government building		
Building in good physical condition		
Connected by motorable approach road		
24 X 7 water supply available		
Functional electricity connection available		
Functional power back up available		
Separate clean toilets available for men and women		
Other facilities available		
Security guard Available 24*7		
Ambulance for transportation of beneficiaries		
• Total number of ambulances available		
• Number of functional ambulances		
Internet connectivity for computers		

Fire extinguisher		
Labour/delivery facilities available at the delivery points		
Separate delivery/labour room available		
Overall cleanliness of the labour room		
Curtains to ensure privacy		
Display of Duty roasters in maternity ward		
Basic amenities in the labour rooms		
Installation of Geyser for maternity wing		
Separate telephone connection for Maternity Wing		
24 X 7 piped water supply		
Availability of elbow operated taps		
Soap for Hand washing		
Slippers for service providers		
Regular sterilization of room		
Functional electricity powered lamp		
Functional toilet facility attached to room		
Facility for hand washing		
Functional Wall clock		
Display of Protocol posters according to MNH toolkit		
Labour table		
No of Labour tables according to delivery load		

Labour table with Mackintosh sheet		
Kelly pads		
Stepping stool		
Delivery Set available		
Episiotomy Set Tray available		
Baby Tray available		
Medicine Tray available		
Emergency Drug Tray		
MVA/EVA Tray Available		
PPIUCD Tray Available		
Functional Blood Bank or BSU		
24*7 Availability of Blood		
Equipment available in the labour rooms		
Artery forceps		
Sponge holding forceps		
Allis forceps		
Toothed forceps		
Episiotomy scissor		
Oxygen cylinder with regulator		

Adult stethoscope		
Blood Pressure machine		
Colour coded bins		
D & C Set		
IV Stand		
Urinary catheter		
Speculum		
Thermometer		
Lamp /Torch		
Partographcharts		
Disposable delivery kits		
Medicines available in the labour rooms		
Injecti on Oxytocin		
Tablet Misoprostol		
Injecti on Magnesium Sulphate		
Ringer Lactate		
Normal Saline		
Injection Gentamycin		

Injection Betamethasone		
Tablet Metronidazole		
Capsule Ampicillin		
Vitamin K		
Injection Xylocaine 2%		
Antiseptic lotion		
Tablet Paracetamol		
Tablet Ibuprofen		
Injection Hydralazine		
HIV Kits		
Nevirapine Syrup and Tablet		
Amenities available in the new born corner		
Located in the labour room		
Functional radiant warmer		
Self-inflating bag and mask (size 0)		
Self-inflating bag and mask (size 1)		
Mucus extractor with suction tube		
Oxygen hood (neonatal)		
Warming lamp with 200W bulb		

Laryngoscope (neonatal)		
Newborn digital weighing scale		
Neonatal resuscitation kit		
Nasogastric tube		
Infection Prevention and Waste Management		
Biomedical waste segregation and disposal in ColourCoded Bins		
Hub Cutter used for disposing needles after use		
Deep burial of placenta and all blood and tissue fluid stained		
Use of Autoclave for sterilization of instruments		
Bleaching Powder/ hypochlorite solutions available and used		
Use of PPE		
Availability of human resource at the delivery points		**Training status**
Obstetrician & Gynecologist	Sanctioned Positions	

	Available	
Anaesthetist Sanctioned Positions Available	Sanctioned Positions	
	Available	
Paediatrician	Sanctioned Positions	
	Available	
General Surgeon	Sanctioned Positions	
	Available	
Other Specialists	Sanctioned Positions	
	Available	
Medical Officers	Sanctioned Positions	
	Available	
Lady Medical Officers	Sanctioned Positions	
	Available	
AYUSH Medical Officers	Sanctioned Positions	
	Available	
Staff Nurses	Sanctioned Positions	
	Available	

ANM	Sanctioned Positions	
	Available	
Laboratory Technicians	Sanctioned Positions	
	Available	
Pharmacist	Sanctioned Positions	
	Available	
LHV/PHN	Sanctioned Positions	
	Available	

Checklist for L2 Delivery point

Date of assessment	**District**
Facility Name	**Name of Block**
Facility Type	**Facility Category**
Facility in Charge	

Physical infrastructure and availability of basic amenities at L3 delivery Points.		
	Observation	Remarks
Infrastructure of health facility		
Functioning in Government building		
Building in good physical condition		
Connected by motorable approach road		
24 X 7 water supply available		
Functional electricity connection available		
Functional power back up available		
Separate clean toilets available for men and women		
Other facilities available		
Security guard Available 24*7		
Ambulance for transportation of beneficiaries		
• Total number of ambulances available		
• Number of functional ambulances		
Internet connectivity for computers		
Fire extinguisher		

Labour/delivery facilities available at the delivery points		
Separate delivery/labour room available		
Overall cleanliness of the labour room		
Curtains to ensure privacy		
Display of Duty roasters in maternity ward		
Basic amenities in the labour rooms		
Installation of Geyser for maternity wing		
Separate telephone connection for Maternity Wing		
24 X 7 piped water supply		
Availability of elbow operated taps		
Soap for Hand washing		
Slippers for service providers		
Regular sterilization of room		
Functional electricity powered lamp		
Functional toilet facility attached to room		
Facility for hand washing		
Functional Wall clock		
Display of Protocol posters according to MNH toolkit		
Labour table		
No of Labour tables according to delivery load		

Labour table with Mackintosh sheet		
Kelly pads		
Stepping stool		
Delivery Set available		
Episiotomy Set Tray available		
Baby Tray available		
Medicine Tray available		
Emergency Drug Tray		
MVA/EVA Tray Available		
PPIUCD Tray Available		
Functional Blood Bank or BSU		
24*7 Availability of Blood		
Equipment available in the labour rooms		
Artery forceps		
Sponge holding forceps		
Allis forceps		
Toothed forceps		
Episiotomy scissor		
Oxygen cylinder with regulator		

Adult stethoscope		
Blood Pressure machine		
Colour coded bins		
D & C Set		
IV Stand		
Urinary catheter		
Speculum		
Thermometer		
Lamp /Torch		
Partograph charts		
Disposable delivery kits		
Medicines available in the labour rooms		
Injecti on Oxytocin		
Tablet Misoprostol		
Injecti on Magnesium Sulphate		
Ringer Lactate		
Normal Saline		
Injection Gentamycin		

Injection Betamethasone		
Tablet Metronidazole		
Capsule Ampicillin		
Vitamin K		
Injection Xylocaine 2%		
Antiseptic lotion		
Tablet Paracetamol		
Tablet Ibuprofen		
Injection Hydralazine		
HIV Kits		
Nevirapine Syrup and Tablet		
Amenities available in the new born corner		
Located in the labour room		
Functional radiant warmer		
Self-inflating bag and mask (size 0)		
Self-inflating bag and mask (size 1)		
Mucus extractor with suction tube		
Oxygen hood (neonatal)		
Warming lamp with 200W bulb		

Laryngoscope (neonatal)		
Newborn digital weighing scale		
Neonatal resuscitation kit		
Nasogastric tube		
Infection Prevention and Waste Management		
Biomedical waste segregation and disposal in ColourCoded Bins		
Hub Cutter used for disposing needles after use		
Deep burial of placenta and all blood and tissue fluid stained		
Use of Autoclave for sterilization of instruments		
Bleaching Powder/ hypochlorite solutions available and used		
Use of PPE		